## SCHOOL DISTRICT REPRESENTATIVE TO ANNUAL MEETING OF ARTE, INC

\_\_\_\_Please ✓ if having the same Representative for ARTE I RPTCS and/or ARTEC RPTCS. It will not be necessary to fill out all forms, unless the Representative is different.

The Board of Trustees of _	Minido	ka County	School
District appointsOfficial representative to ARTE,			as its
Mailing Address 310 10 <sup>th</sup> St	reet		
City_Rupert	State_ <u>ID</u>	Zip Code_	83350
Business Phone (208) 436-4727	Cell Pho	one	
Email			
I understand that, as my Distric General Board, that I agree to re Meeting of ARTE, Inc the third V the College of Southern Idaho c	epresent my s Wednesday o	school district f September a	t at the Annual it 7:00 AM on
I also agree to attend any specia	al meetings o	f the Board if	called.
Name	Date		